



Department of Environment and Conservation - Division of Water Pollution Control
SMALL BUSINESS EXAMPLE OF THE NOTICE OF INTENT (NOI)
 for Storm Water Discharges Associated with Industrial Activity under the
TENNESSEE MULTI-SECTOR GENERAL PERMIT (TMSP)

Facility Name: MIKE'S USED AUTO PARTS	County: Williamson
Street Address or Location: 112 Boxwood Drive (intersection with Hwy 431)	Latitude: 36-00-23
	Longitude: 86-53-15

Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.

Owner or Operator: (a person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name) Mike Henley					
1	Official Contact Person Name: (Individual Responsible for a Facility) Mr. Mike Henley		Title or Position: Owner/Operator		
	Mailing Address: P.O. Box 999		City: Franklin	State: TN	Zip: 37000-999
	Phone: (615) 555-1212		E-mail: mikeh14@internet.com		
2	Local Contact Person Name: (if appropriate, write "same as #1") Same as #1		Title or Position:		
	Facility Address: (this may or may not be the same as street address)		Facility City:	State:	Zip:
	Phone:		E-mail:		

Please write in the box (to the right) or circle the number next to the Official Contact Person or the Facility/Local Contact Person information (above) to indicate where would you like us to send invoices and correspondence: **#1**

Storm water runoff from facility enters following stream(s) and/or lake(s): (for each outfall, give names and stream miles) Cartwright Creek at mile 0.5 to Browns Creek						Number of storm water outfalls: 1	
Nature of business: Dismantling of used and wrecked cars		SIC code(s): (primary code listed as No.1, secondary, if applicable, as No.2, etc.)					
		1. 5015	2.	3.	4.	5.	6.
Area of property associated with industrial activity: 4.2 Acres (area of facility property should <u>not</u> include recreation areas, landscaping, lawns, greenfields, forest, office buildings, employee parking lots, etc.)		Permit Sectors (STATE USE ONLY)					
Activities at facility: Check all that apply.							
01. ___ Manufacturing	05. ___ Vehicle Maintenance	09. ___ Wastewater treatment	13. ___ Coal Pile				
02. ___ Storage/Distribution	06. ___ Hazardous waste TSD	10. ___ Land application	14. ___ Borrow Pit or Soil Harvesting				
03. <u>X</u> Vehicle Storage	07. ___ Outside waste disposal	11. ___ Landfill	99. ___ Other_____				
04. ___ Trucking Terminal	08. ___ Recycling	12. ___ Mining operation					

CERTIFICATION AND SIGNATURE (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency.)

Has the Storm Water Pollution Prevention Plan (SWPPP) been developed and implemented? Please note that the TMSP requires both new and existing facilities to have the SWPPP prepared and implemented prior to NOI submittal. Do not include a copy of the SWPPP with the NOI.				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the site, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
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Printed Name	Official Title	Signature	Date	
If this NOI is submitted because of new operator or to update facility information (such as a name of facility, new contact, E-mail address, etc.), please provide the existing permit tracking number:				

STATE USE ONLY

Received Date	Postmark	NOC Date	Tracking No.	EAC
Impaired Receiving Stream?	High Quality Water?	T & E Aquatic Fauna?	Fee	Reviewer

Submit the original and one copy of the completed and signed form to:
Storm Water NOI Processing
Tennessee Division of Water Pollution Control
6th Floor L&C Annex, 401 Church Street
Nashville, TN 37243-1534